

STATE OF MICHIGAN

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON
MARLENE J. FLUHARTY
KERRY KAMMER
O. STEWART MYERS
DAVID D. OLSON
RAYMOND POUPORE



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

DAVID F. HALES, Director

Plainwell District Headquarters
P.O. Box 355, Plainwell, Michigan 49080

March 2, 1989

LB = X

Bill Dicken
Owens-Illinois, Incorporated
P.O. Box 218
Constantine, Michigan 49042

Re: EPA ID #MID057389595

Dear Mr. Dicken:

On January 31, 1989, staff of the Department of Natural Resources conducted an inspection of your facility to evaluate compliance with requirements of Subtitle C of the Resource Conservation and Recovery Act, 1976, as amended (RCRA); Michigan's Hazardous Waste Management Act, 1979 PA 64, as amended (Act 64); and Michigan's Liquid Industrial Waste Haulers Act, 1969 PA 136, as amended (Act 136).

As a result of this inspection, it has been determined that the facility is in violation of the following requirements:

1. Emergency information that must be posted next to the telephone was not posted. This is a violation of Rule 306(4)(g) of Act 64. Enclosed are two stickers you requested to facilitate that posting.
2. The required 40 CFR 268.7 determinations and notifications for F-solvent wastes restricted from land disposal were not consistently made. This is a violation of Rule 311 of Act 64.

We request that you respond to this letter by April 3, 1989, providing documentation to this office regarding those actions taken to correct these violations.

If you have any questions regarding this matter, please feel free to contact me at (616) 685-9886.

Sincerely,

Chuck Bikfalvy
Environmental Quality Analyst
Waste Management Division
Plainwell District

CB:ls

Enclosure

cc: U.S. EPA - Region V

RCRA Inspection Report

EPA Identification Number: 101057389595

Installation Name: Owens Corning

Location Address: Industrious Park Drive, P.O. Box 218

City: Constantine State: MI

Date of inspection: 1/28/85 Time of inspection (from) 3:50 (to) 5:10
3/24/85 3:00 4:40

Person(s) interviewed	Title	Telephone
<u>George Horn</u>	<u>Waste Coordinator</u>	<u>616-435-2535</u>
<u>Anita Hayes</u>	<u>Purchasing</u>	<u>"</u>

Inspector(s)	Agency/Title	Telephone
<u>Lipman Sprink</u>	<u>MDNR #070</u>	<u>616-685-9886</u>

Installation Activity (mark only one box)

Inspection Form(s)

- | | |
|--|------|
| <input type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation | A |
| <input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation) | A |
| <input type="checkbox"/> Generation and Transportation | B, C |
| <input checked="" type="checkbox"/> Generation only | B |
| <input type="checkbox"/> Transportation only | C |

1/28 11:00 AM

3/26 1:00 PM

INSPECTION FORM B

Section A: Scope of inspection

Standards for generators of HAZARDOUS WASTE subject to 40 CFR 262.10

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	Yes	No	NI*	Remarks
(1) Does the generator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>3</u>				
(3) Do the manifest forms examined contain the following information? (If possible, make copies of, or record information from, manifests that do not contain the critical elements) 262.21				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID number of transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. <u>0</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. _____				

Section C - PRE-TRANSPORT REQUIREMENTS
(40 CFR Part 262 Subpart C)

	Yes	No	NI	Remarks
(1) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site)	262.31	<input checked="" type="checkbox"/>	and 262.32	
(3) If required, are placards available to transporter? 262.33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>transporter brings company also has</i>
** (4) Pre-shipment Accumulation:				
** applies only to GENERATORS that store hazardous waste on-site for 90 days or less without a permit. These items do not apply to generators whose waste is immediately transported off-site.				
a. Is hazardous waste accumulated in containers? If no, skip to b. 262.34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Is each container clearly marked with the date on which the period of accumulation began?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. Have more than 90 days elapsed since the dates marked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
iii. Is each container labeled or marked clearly with the words "Hazardous Wastes?"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. Are containers in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. Are containers compatible with waste in them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Are containers managed to prevent leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ix. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI	Remarks
x. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)			<u>N/A</u>	<u>no incomp.</u>
xi. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?				
b. Is hazardous waste accumulated in tanks? If no, skip to c. 262.34 (January 11, 1982 revision)	<input checked="" type="checkbox"/>			
i. Is each tank labeled or marked clearly with the words "Hazardous Wastes"? 262.34 (January 1982 revision)	<input checked="" type="checkbox"/>			
ii. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192	<input checked="" type="checkbox"/>			
iii. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?			<u>N/A</u>	<u>covered</u>
iv. Do continuous feed systems have a waste-feed cutoff?			<u>N/A</u>	<u>not continuous</u>
v. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193			<u>N/A</u>	<u>same waste stream</u>
vi. Are required daily and weekly inspections done? 265.194	<input checked="" type="checkbox"/>			
vii. Are reactive and ignitable wastes in tanks protected or rendered non-reactive or nonignitable? Indicate if waste is <u>ignitable</u> or reactive. (If waste is rendered non-reactive or nonignitable, see treatment requirements.) 265.198		<input checked="" type="checkbox"/>		
viii. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply.) 265.199			<u>N/A</u>	<u>no incomp.</u>

Yes No NI Remarks

- ix. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(see tables 2-1 through 2-6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

- c. Is hazardous waste accumulated in other than tanks or containers? _____ ☒ _____

- d. Personnel training. 262.34 (a) 5

Do personnel training records include: 265.16

- i. Job Titles? ☒ _____
- ii. Job Descriptions? ☒ _____
- iii. Description of training? ☒ _____
- iv. Records of training? ☒ _____
- v. Did personnel receive the required training by 5-19-81? _____ *all Nov 83 gave employees exam (gen'l), also gave warehouse employee more detailed lab + emergency briga also.*
- vi. Do new personnel receive required training within six months? _____ *salaried people at*
- vii. Do personnel training records indicate that personnel have taken part in an annual review of initial training? _____ *has not been done annually*

- e. Preparedness and Prevention 265. Subpart C

- i. Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? 265.31

☒ _____ *waste appears to be well-managed at this facility*

Yes No NI Remarks

ii. If required, does this facility have the following equipment: 265.32

Internal communications or alarm systems?

☒ ☐ ☐ _____

Telephone or 2-way Radios at the scene of operations?

☒ ☐ ☐ 4 emergency phones

Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

☒ ☐ ☐ + intercom

Indicate the volume of water and/or foam available for fire control:

City water

iii. Testing and Maintenance of Emergency Equipment: 265.33

Has the owner or operator established testing and maintenance procedures for emergency equipment?

☒ ☐ ☐ monthly

Is emergency equipment maintained in operable condition?

☒ ☐ ☐ _____

iv. Has owner/operator provided immediate access to internal alarms (if needed)?

☒ ☐ ☐ _____

v. Is there adequate aisle space for unobstructed movement?

☒ ☐ ☐ _____

vi. Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility?

☒ ☐ ☐ 7/10/84 local fire dept + police dept

f. Contingency Plan and Emergency Procedures 265 Subpart D

Does the contingency plan contain the following information:

i. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.) 265.52

☒ ☐ ☐ _____

	Yes	No	NI	Remarks
ii. Arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?		✓		
iii. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.		✓		
iv. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?		✓		
v. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes?)	✓			
vi. Are copies of the Contingency Plan available at site and local emergency organizations?		✓		send updated plan
vii. Is the facility emergency coordinator identified?	✓			
viii. Is coordinator familiar with all aspects of site operation and emergency procedures?	✓			
ix. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	✓			
x. If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.56?		✓		

* HW Storage

- bulk litho tank
- drums in diked area
 - 3000 g tank goes for recycling at around 1100 g
 - company watches 90 day limit
 - Shipped 2/25
 - has 4500 gal
 - containment C-5

* spec needs to be revised to reflect Δ - all 4,500g bulk tanks removed - this quantity of material is no longer needed (sizing, size coat, coating --- for metal caps). Now purchase in 55 g drums... stored in diked area w/ drain that exits to parking lot. Company (4-82B) considering sealing drain - containment would be provided.

Section D: RECORDKEEPING AND REPORTING (Part 262, Subpart D)

Yes No NI Remarks

- (1) Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40

☒ ☐ ☐ ☐

Section E: INTERNATIONAL SHIPMENTS (Part 262 Subpart E)

262.50

- (1) Has the installation imported or exported hazardous waste? If "no", skip a and b.

☐ ☒ ☐ N/A

a. Exporting Hazardous Waste, has a generator:

i. Notified the Administrator in writing?

☐ ☐ ☐ ☐

ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

☐ ☐ ☐ ☐

iii. Met the Manifest requirements?

☐ ☐ ☐ ☐

b. Importing Hazardous Waste, has the generator met the manifest requirements?

☐ ☐ ☐ ☐

INSPECTION AND ENFORCEMENT REVIEW/STATUS

ID # MID 057 389 595

COMPLIANCE STATUS: IN OUT
VIOLATION CLASS: I II III

FACILITY NAME Owens-Illinois Inc

REVIEWER: G TSD

LOCATION Constantine

DATE:

INSPECTION REVIEW

ACTION ITEM	STRT DATE	END DATE	RPT COMP	STAT CODE	RESP AGCY	RESP PERS	COMM	FREE FLDS	TYPE INSP	PART AGCY	LINK
1	830825	830825	830909	5	S				N		

ENFORCEMENT ACTIONS

ACTION ITEM	DATE ISUD	DATE DUE	DATE RECD	STAT CODE	STAT DATE	RESP AGCY	RESP PERS	COMM	FREE FLDS	PLTY ASSD	PLTY CLTD	DTHR COM	DTHR COMP	LINK
3	830909	831010	830920	A	830920	S								

2/17/89

TO: Modern Talking Pictures Inc.
S.E.T. Film Library
5000 Park Street North
St. Petersburg, Florida 33709

Name of Company Owens-Illinois Closure, Inc.
Contact Person William Dicken
Phone 616-435-2535 Ext. 252
Address Industrial Park Drive P.O. Box 218
Constantine, Mi 49042-0218

Title/Catalog No.	Preferred Showing Date	Alternate Showing Date
633V Forklift Safety	2/15/89	3/15/89
542V Haz. Comm.	2/22/89	3/22/89
543V Lock/Tag Out	3/15/89	4/12/89
518V EL. Arc Welding S.	3/12/89	5/10/89
512V Portable Grinder	4/12/89	5/10/89
Set 100F ABC & D Fire Ext.	5/10/89	6/14/89
632V Moment of Time	6/14/89	7/12/89
623V Ladder Safety	7/12/89	8/9/89
550V CTS Key Method	7/12/89	8/9/89

Thank You

William Dicken

RECEIVED
FEB 24 1989
RCRA-IMS
U.S. EPA, REGION V

RCRA LAND DISPOSAL RESTRICTION INSPECTION

Facility: OWENS - ILLINOIS
 U.S. EPA I.D. No.: MLD 057389 595
 Street: P.O. BOX 218
 City: CONSTANTINE State: MI Zip Code: 49042
 Telephone: (616) 435-2535

Operator: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Owner: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Inspection Date: 1/31/89 Time: 9:50 Weather Conditions: _____

	<u>Name</u>	<u>Affiliation</u>	<u>Telephone</u>
Inspectors:	<u>CHUCK BIKERLEY</u>	<u>MDNR</u>	<u>(616) 685-9886</u>

Facility Representatives: BILL NICKEN

	<u>RCRA Status</u>	<u>F-Solvent</u>	<u>LDR Status</u> <u>California List</u>	<u>First Third</u>
Generator	<u>X</u>	_____	_____	_____
Transporter	_____	_____	_____	_____
Treater	_____	_____	_____	_____
Storer	_____	_____	_____	_____
Disposer	_____	_____	_____	_____

RCRA LAND DISPOSAL RESTRICTION INSPECTION

GENERATOR CHECKLIST

GENERATOR REQUIREMENTS

A. BDAT Treatability Group - Treatment Standards Identification

1. F-Solvent Wastes: Does the generator correctly determine the appropriate treatability group of the waste?

_____ Yes _____ No _____ NA

HAS BEEN DONE
ON PREVIOUS
MANIFESTS BY
SAFETY KLEEN,
OMITTED ON
1/11/89 SHIPMENT

If yes, check the appropriate treatability group.

- _____ Wastewaters containing solvents (less than or equal to 1% TOC by weight)
 _____ Pharmaceutical wastewater containing spent methylene chloride
X All other spent solvent wastes

2. California List Wastes: Does the generator correctly determine the appropriate treatment standard of the waste?

NA

- a. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 50 but less 500 ppm, is the treatment in accordance with existing TSCA thermal treatment regulations for burning in high efficiency boilers (40 CFR 761.60) or incineration (40 CFR 761.70)?

_____ Yes _____ No _____ NA

If yes, specify the method: _____

- b. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 500 ppm, is the waste incinerated or disposed of by other approved alternate methods (40 CFR 761.60 (e))?

_____ Yes _____ No _____ NA

If yes, specify the method and state whether the facility has submitted a written request to the Regional Administrator or Assistant Administrator for an exemption from the incineration requirement:

3. First Third Wastes: Does the generator correctly determine the appropriate treatability group of the waste?

_____ Yes _____ No _____ NA

If yes, check the appropriate treatability group.

_____ Wastewater (less than 1% TOC by weight and less than 1% filterable solids)
 _____ Nonwastewaters

List the waste code and check the correct treatment standard group.

Waste Code	Wastewater	Nonwastewater
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Waste Analysis

1. F-Solvent Wastes

- a. Does the generator determine whether the F-solvent waste exceeds treatment standards?

_____ Yes _____ No _____ NA

How was this determination made?

- Knowledge of waste

_____ Yes _____ No

If yes, is any supporting data available for review? Describe how this is adequate. _____

- TCLP

_____ Yes _____ No

If yes, provide the date of last test, the frequency of testing, and note any problems. Attach test results.

*HAS BEEN
DETERMINED
IN PAST BY
SAFETY KLEEN,
WHO PREPARED
MANIFESTS FOR
CO.*

- b. Does the F-solvent waste exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?

☒ Yes ☐ No ☐ NA

If yes, specify the waste stream: _____

- c. Does the generator dilute the F-solvent waste as a substitute for adequate treatment [268.3]?

☐ Yes ☒ No ☐ NA

- d. How does the generator test F-solvent waste when a process or waste stream changes?

2. California List Wastes

NA

- a. Does the generator determine whether the waste is a liquid according to the Paint Filter Liquids Test (PFLT method 9095) as described by SW-846?

☐ Yes ☐ No ☐ NA

- b. If the waste is determined to be a liquid according to PFLT, is an absorbent added to the waste?

☐ Yes ☐ No ☐ NA

What type of absorbent is used? _____

Check the types of waste to which absorbent is added.

☐ Liquid hazardous waste having a pH less than or equal to 2

☐ Liquid hazardous waste containing metals

☐ Liquid hazardous waste containing free cyanides

- c. Does the generator determine whether the concentration levels (not extract or filtrate) in the waste equal or exceed the prohibition levels or whether the waste has a pH of less than or equal to 2.0 based on:

- Knowledge of wastes

☐ Yes ☐ No ☐ NA

If yes, is any supporting data available for review? Describe how this is adequate. _____

- Testing

_____ Yes _____ No _____ NA

If yes, list test method used: _____

- d. Does the generator determine if concentration levels in the PFLT filtrate exceed cyanide and metals concentration levels?

_____ Yes _____ No _____ NA

- If yes, list test method used and constituent and concentration levels that exceeded prohibition levels: _____

- e. Does the generator dilute the waste as a substitute for adequate treatment [268.3]?

_____ Yes _____ No _____ NA

3. First Third Wastes: NA

- a. Does the generator correctly determine the appropriate treatment standard of the waste?

_____ Yes _____ No _____ NA

Note: The treatment standards for first third wastes are given in Appendix D.

- b. Does the generator determine whether the First Third waste exceeds treatment standards upon generation?

_____ Yes _____ No _____ Soft hammer

If yes, specify the waste stream: _____

How was this determination made?

- Knowledge of waste

_____ Yes _____ No

If yes, is any supporting data available for review? Describe how this is adequate. _____

- TCLP

_____ Yes _____ No _____ NA

- Total Constituent Analysis

_____ Yes _____ No _____ NA

Provide the date of last test, the frequency of testing, and note any problems. Attach test results.

- c. Does the generator dilute the waste as a substitute for adequate treatment [268.3]?

_____ Yes _____ No _____ NA

- d. How does the generator test the waste when a process or waste stream changes?

C. Management

1. On-Site Management

Is restrict waste or waste that exceeds the treatment standards treated, stored, or disposed on-site?

_____ Yes ☒ No

If yes, the TSD Checklist must be completed.

2. Off-Site Management

- a. Does the generator ship any waste that exceeds the treatment standards to an off-site treatment or storage facility?

☒ Yes _____ No

- b. Does the generator provide notification to the treatment or storage facility [268.7(a)(1)]?

_____ Yes ☒ No

Some Safety & Health manifests include notification

c. Does notification contain the following?

EPA Hazardous waste number(s) ☐ Yes ☐ No
Applicable treatment standards ☐ Yes ☐ No
Manifest number ☐ Yes ☐ No
Waste analysis data, if available ☐ Yes ☐ No

Identify off-site treatment or storage facilities: _____

d. Does the generator ship any waste that meets the treatment standards to an off-site disposal facility?

☐ Yes ☒ No

e. Does the generator provide notification and certification to the disposal facility [268.7(a)(2)]?

☐ Yes ☐ No

f. Does notification contain the following?

EPA Hazardous waste number(s) ☐ Yes ☐ No
Applicable treatment standards ☐ Yes ☐ No
Manifest number ☐ Yes ☐ No
Waste analysis data, if available ☐ Yes ☐ No
Certification that the waste meets treatment standards ☐ Yes ☐ No

Identify off-site land disposal facilities: _____

g. Is the waste subject to a nationwide variance, case by case extension (268.5), or petition (268.6)?

☐ Yes ☒ No ☐ NA

h. If yes, does the generator provide notification to the off-site receiving facility that the waste is not prohibited from land disposal [268.7(a)(3)]?

☐ Yes ☐ No

- i. If yes, does the notification contain the following information?

EPA Hazardous waste number	_____ Yes	_____ No
The corresponding treatment standards and all applicable prohibitions	_____ Yes	_____ No
Manifest number	_____ Yes	_____ No
Waste analysis data, if available	_____ Yes	_____ No
Date the waste is subject to the prohibitions	_____ Yes	_____ No

- j. Does the generator retain copies of all notices and certifications for a period of 5 years?

_____ Yes _____ No

D. Demonstration and Certification -- "Soft Hammer" Wastes *NA*

- a. Has the generator attempted to locate and contract with treatment and recovery facilities that provide treatment that yields the greatest environmental benefit [268.3(a)(1)]?
- _____ Yes _____ No
- b. Has the generator submitted to the Regional Administration a demonstration and certification containing the following information to document its efforts to locate practically available treatment:

A list of facilities and facility officials contacted?	_____ Yes	_____ No
Addresses	_____ Yes	_____ No
Telephone Numbers	_____ Yes	_____ No
Contact dates	_____ Yes	_____ No

Attach a copy of the demonstration and certification

- c. If the generator has determined that there is no practically available treatment for its wastes, has it sent documentation to EPA demonstrating why it was not able to obtain treatment or recovery for the waste?

_____ Yes _____ No

If yes, attach a copy of written discussion.

- d. Does the generator ship his waste off-site for treatment?

_____ Yes _____ No

Describe the type of treatment and treatment facilities _____

- e. Did the generator send a copy of its demonstration and certification to the receiving facility with the first shipment of waste?

_____ Yes _____ No

- f. Does the generator provide certification with each subsequent shipment of wastes?

_____ Yes _____ No

- g. Does the generator provide the following notification to the receiving facility with each shipment of waste?

(i) EPA Hazardous waste number _____ Yes _____ No

(ii) Manifest number _____ Yes _____ No

(iii) Waste analysis data,
if available _____ Yes _____ No

- h. Does the generator retain copies of all notices, demonstrations, and certifications for a period of 5 years?

_____ Yes _____ No

E. Treatment Using RCRA 264/265 Exempt Units or Processes

(i.e., boilers, furnaces, distillation units, wastewater treatment tanks, elementary neutralization, etc.)

Are treatment residuals generated from units or processes exempt under RCRA 264/265?

_____ Yes _____ ☒ No

If yes, list types of waste treatment units and processes:



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number															Approved			Date Received (yr. mo. day)				
C															T/A	C						
F																1						

[illegible]

Street or P.O. Box

[illegible]

City or Town													State	ZIP Code						
C	O	N	S	T	A	N	T	I	N	E				M	I	4	9	0	4	2

Street or Route Number

[illegible]

City or Town													State		ZIP Code					
C 6	C	O	N	S	T	A	N	T	I	N	E			M	I	4	9	0	4	2

Name and Title (last, first, and job title)

C 2	D	I	C	K	E	N		W	I	L	L	I	A	M		R	C	M	S	6	1	6	4	3	5	2	5	3	5
--------	---	---	---	---	---	---	--	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A. Name of Installation's Legal Owner

C	O	W	E	N	S	-	I	L	L	I	N	O	I	S		I	N	C.	P
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	----	---

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter "X" and mark appropriate boxes below)</i>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 06 1989 RPA-IMS U.S. EPA, REGION V </div>
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter "X" and mark appropriate boxes below)</i>		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(for On Site Burner)</i> Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner			
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number											
M	I	D	0	5	7	3	8	9	5	9	5

ID — For Official Use Only																
C															T/A	C
W																1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

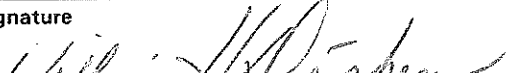
49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

<input checked="" type="checkbox"/> 1. Ignitable (D001)	<input checked="" type="checkbox"/> 2. Corrosive (D002)	<input type="checkbox"/> 3. Reactive (D003)	<input type="checkbox"/> 4. Toxic (D000)
--	--	--	---

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) William H. Dicken RC & FM Supervisor	Date Signed 2/1/89
--	--	-----------------------



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

attn: William Dicken
Owens Illinois Closure Div Inc
PO Box 218
Constantine MI 49042

2-24-89

INDUSTRIAL PARK DRIVE

RE: EPA ID #: MID 057 389 595

In response to your request of 2/89 the following information
has been updated:

- 1) installation changed from generator to small quantity generator
- 2) waste codes per your notification
- 3) William Dicken listed as installation contact
- 4) installation name - Owens Illinois Closure Div Inc

If you have questions, please contact Sharon Kiddon at (312)886-6173.

Sincerely,

Arthur S. Kawatachi
Information Section
RCRA Program Management Branch

cc: State Agency
File

EPA

Plainwell District Headquarters
Box 355, Plainwell, Michigan 49080

May 31, 1985

George Horn
Owens-Illinois
P.O. Box 218
Constantine, Michigan 49042

Re: EPA ID # - MID 057389595

Dear Mr. Horn:

I have received your submittals dated May 21 and 23, 1985. Based upon my review of these submittals, it has been determined that the Owens-Illinois Constantine facility is operating in compliance with the generator requirements of the Federal Resource Conservation and Recovery Act, as amended, which are outlined on the inspection form sent to you on April 5, 1985.

Sincerely,

Lynn M. Spurr, Water Quality Specialist
Hazardous Waste Division
Plainwell Compliance District

LMS:ls

cc: U.S. EPA - Region V

OWENS-ILLINOIS

Closure Division

RECEIVED
MAY 24 1985

May 23, 1985

H.W.D. — PLAINWELL

Lynn M. Spurr, Water Quality Specialist
Hazardous Waste Division, D.N.R.
Plainwell District Headquarters
Box 355
Plainwell, MI 49080

Dear Ms. Spurr:

Please find attached a copy of our revised and updated SPCC and Hazardous Waste Management Plan. In addition you will find the cover letters sent with a copy of the plan to the local Police and Fire Departments. You will note that the Fire Department received two copies of the plan so that they would have one for the local Rescue Squad which is under the Fire Department.

We trust that this material along with that sent to you earlier will have us in full compliance per your letter of April 5, 1985. On behalf of myself and our Plant Manager, Jim Cooper, I want to thank you once again for your cooperation in answering questions and helping to make our program stronger.

Sincerely,



George E. Horn
Liquid Waste Coordinator

GEH:shb

Attachments

XC: 5-28-85

OWENS-ILLINOIS

Closure Division



May 21, 1985

RECEIVED
MAY 22 1985

H.W.D. — PLAINWELL

Lynn M. Spurr, Water Quality Specialist
Hazardous Waste Division, D.N.R.
Plainwell District Headquarters
Box 355
Plainwell, MI 49080

Dear Ms. Spurr:

We have just completed our Liquid Waste Training Review Sessions and in keeping with the commitment in my letter of May 6, 1985 I am sending you documentation on these sessions. The meetings were held as follows:

1. Salaried personnel to discuss input into total plant training.
Held on May 16, 1985.
2. General plant review of revised procedures, discussion of new legislation and question and answer period. Held on May 18, 1985.
3. Clean-up meeting to get balance of personnel not able to attend #2 above. Same format. Held on May 21, 1985.

Please find attached the following information for your file:

1. Letter to schedule training review sessions.
2. Copy of revised procedures.
3. Copy of my introductory remarks and comments on legislation and commitment, etc.

Each employee signed and filled out the cover letter attached to the procedures. This will be put into their personnel file as proof of attendance. If you wish copies of these, please advise and we will be happy to comply.

Our revised SPCC plan should be back in my hands shortly. At that time we will complete the balance of the requirements to be in compliance with your letter of April 5, 1985 and advise.

Sincerely,

George E. Horn
Liquid Waste Coordinator

XC: EPA

5-23-85

GEH:shb

Attachments

OWENS-ILLINOIS

Closure Division

HID 057 589595



May 6, 1985

RECEIVED
MAY 7 1985

Lynn M. Spurr, Water Quality Specialist
Hazardous Waste Division, D.N.R.
Plainwell District Headquarters
Box 355
Plainwell, MI 49080

A.D. - PLAINWELL

Dear Ms. Spurr:

Pursuant to our phone conversation regarding your letter of April 5, 1985, we have been hard at work wrapping up our needs regarding the liquid waste program. I would like to take this opportunity to thank you once again for your assistance in this matter.

As we discussed, this letter will outline for you our action plans and timetable. As each individual portion is completed, the documentation for it will be forwarded to your attention as proof that we are, indeed, in compliance.

1. The format for our Annual Personnel Training has been revised and we expect to implement this on Saturday, May 18, 1985 and Tuesday, May 21, 1985.
2. We have completely rewritten our S.P.C.C. Plan to not only add the names, addresses and telephone numbers of Emergency Coordinators and a list of emergency equipment, but have also addressed changes in our operation and physical layout which affect this plan.
3. This updated plan is being reviewed in our general offices in Toledo, Ohio and we expect to have it approved and on file in our facility by June 1, 1985.
4. As soon as this approval takes place, copies will be sent with cover letters to our local Emergency Organizations for their use. This should be accomplished by June 10, 1985.

We trust these actions will demonstrate our ongoing desire to handle the matter of liquid waste in a professional and responsive manner.

Sincerely,

George E. Horn
Liquid Waste Coordinator

GEH:shb

XO EPA 5-7-85

OWENS-ILLINOIS

Closure Division



May 6, 1985

RECEIVED

MAY 7 1985

Lynn M. Spurr, Water Quality Specialist
Hazardous Waste Division, D.N.R.
Plainwell District Headquarters
Box 355
Plainwell, MI 49080

H.D. - PLAINWELL

Dear Ms. Spurr:

Pursuant to our phone conversation regarding your letter of April 5, 1985, we have been hard at work wrapping up our needs regarding the liquid waste program. I would like to take this opportunity to thank you once again for your assistance in this matter.

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4. As soon as this approval takes place, copies will be sent with cover letters to our local Emergency Organizations for their use. This should be accomplished by June 10, 1985.

We trust these actions will demonstrate our ongoing desire to handle the matter of liquid waste in a professional and responsive manner.

Sincerely,

George E. Horn
Liquid Waste Coordinator

GEH:shb

XO: EPA 5-7-85

EPA

Plainwell District Headquarters
Box 355, Plainwell, Michigan 49080

April 5, 1985

George Horn
Owens-Illinois
P.O. Box 218
Constantine, Michigan 49042

Re: EPA ID # - MID 057389595

Dear Mr. Horn:

On January 28, 1985 and March 26, 1985, staff of the Department of Natural Resources, acting as representatives of the United States Environmental Protection Agency, conducted an investigation of your facility located in Constantine, Michigan, to evaluate compliance of that facility with requirements of Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended; Michigan's Hazardous Waste Management Act (P.A. 64 1979, as amended); and Michigan's Liquid Industrial Waste Hauling Act (P.A. 136 1969).

As a result of that investigation, staff of the Department have determined that the above facility is in violation of the requirements of Subtitle C of RCRA. Specifically, staff found:

1. Personnel training has not been conducted annually as required by 40 CFR 265.16.
2. The contingency plan does not include the names, addresses, and telephone numbers of all emergency coordinators, and a list of emergency equipment as required by 40 CFR 265.52.
3. Copies of the updated contingency plan must be available at the site and local emergency organizations as required by 40 CFR 265.53.
4. Documentation of arrangements agreed to by local emergency organizations must be provided as required by 40 CFR 265.37.

We request that you respond to this letter by May 9, 1985, providing documentation to this office regarding those actions taken to correct these violations.

continued...

George Horn
Owens-Illinois
Page 2
April 5, 1985

The Department of Natural Resources will forward your response to the United States Environmental Protection Agency with a recommendation regarding your facility's compliance status.

If you have any questions regarding this matter, please feel free to contact me at (616) 685-9886.

Sincerely,

LSP

Lynn M. Spurr, Water Quality Specialist
Hazardous Waste Division
Plainwell Compliance District

LMS:ls

Enclosure

cc: U.S. EPA - Region V

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Closed

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

F M I D 0 5 7 3 8 9 5 9 5 1
1 2 13 14 15

T/A C

g

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
- ☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

O W E N S - I L L I N O I S , I N C
30 69

IV. INSTALLATION MAILING ADDRESS

3 P O B O X 2 1 8
15 16 45

Street or P.O. Box

4 C O N S T A N T I N E M I 4 9 0 4 2
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5 I N D U S T R I A L D R I V E
15 16 45

Street or Route number

6 C O N S T A N T I N E M I 4 9 0 4 2
15 16 41 42 47 51

City or Town

State Zip Code

VI. INSTALLATION CONTACT

2 H O R N , G E O R G E
15 16 45

Name (last and first)

6 1 6 - 4 3 5 - 2 5 3 5
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

James K. Cooper Plant Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd:

Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

T/A C

GM200573895951

1 2

13 14 15

X. FACILITY'S EPA I.D. NO.

FIN0980590947

16

28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CHEMSOLV, INC.

XI. FACILITY ADDRESS

604 SOUTH SCOTT

SOUTH BEND, IND. 46624

XII. TRANSPORTATION SERVICES USED

CHEMSOLV, INC.

XIII. WASTE IDENTIFICATION

Sequence #	# Line	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	WASTE INK AND SOLVENT FROM LITHOGRAPHY OPERATION	08	D001	4600	GAL.
32	2	WASTE TRICHLOROETHANE 1,1,1	08	F001	165	GAL.
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

WASTE HANDLED BY CHEMSOLV, INC. WAS RECYCLED.

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G	M	I	D	0	5	7	3	8	9	5	9	5	1	1
1	2										13	14	15	

T/A C

X. FACILITY'S EPA I.D. NO.

F	I	N	D	0	8	8	7	3	7	2	7	5		
16												28		

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CONTINENTAL WASTE SYSTEMS, INC.

XI. FACILITY ADDRESS

3651 NORTH CLINTON STREET
FT. WAYNE, IND. 46809

XII. TRANSPORTATION SERVICES USED

STURGIS IRON AND METAL
2100 SOUTH CENTERVILLE ROAD
STURGIS, MICH. 49091

E.P.A. # MID 078898087

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	WASTE INK AND PAPER FROM LITHOGRAPHY OPERATION	09	D005 D006	7.15	GAL.
32	2	WASTE TRICHLOROETHANE 1,1,1	08	F001	1.10	GAL.
	3	OBSOLETE COATING AND SOLIDS USED FOR FLOOR CLEANING	09	D001	4.40	GAL.
	4	WASTE INK AND FOUNTAIN SOLUTION FROM LITHO PRINTING	15	D007 D008	15.95	GAL.
	5	WASTE CHILLER SOLUTION WITH WATER, ETHYL GLYCOL + RUST INHIBITOR		F005	32.75	GAL.
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)



September 20, 1983

Ms. Lynn Spurr
Hazardous Waste Division
Department of Natural Resources
District 12 Headquarters
P.O. Box 355
Plainwell, Michigan 49080

Dear Ms. Spurr

This letter will be in reply to yours of Sept. 9, 1983 dealing with your visit to our facility August 25, 1983. This was our first inspection and your professional manner and helpfulness made it a learning experience rather than an ordeal.

I will endeavor to cover the items in your letter in order, giving you the corrective action we expect to take and also noting any documentation we expect to provide you as illustration.

(1) Anita Hayes has contacted our disposal site for a copy of the manifest in question. If it is not received she will file an exception report with EPA Regional Administrator. You will receive either a copy of the manifest or the exception report to verify this has been done. In the future we will commence follow up on this within 30 days after shipment and if copy has not been received within 45 days we will file an exception report.

(2) As shown on the attached sheet (labeled #2) we had set some specific goals dealing with waste in our warehouse area. On Sept. 15th we reiterated those goals and specifically have discussed #2-A. It is also my intent to monitor this particular aspect of labeling during my inspection of waste storage and collection areas.

(3) Our hazardous waste storage tank, which is above ground has "Hazardous Waste" stenciled on all four sides of the retaining wall. In addition, our inside storage area for drums of hazardous waste is stencilled in the same fashion.

(4) We are making plans for a training session to take place in Oct. of this year. As a preliminary to that we will make our presentation to the supervisors and dept. heads on Sept. 28, 1983. Any additional input received from this group will be incorporated into the final presentation. The presentation will consist of a slide program, a typed handout (#4 Enclosed) a question and answer period, and a brief quiz. The quiz will be put into each employee's personnel folder and will include their name, job title, and brief job description. In addition we will provide additional training for those people most involved in handling wastesuch as warehouse or laboratory personnel.

(5) We are updating our contingency plan to take into account changes in Personnel since the last one was written. Names and home phone numbers of key Personnel will be included. You will receive a copy of this plan and we would appreciate your comments on it. We also expect to go over this with local Police, Fire and Emergency Squad people prior to the end of 1983.

As mentioned during your visit, Owens-Illinois, Inc. in general, and our plant in particular are committed to proper handling of waste materials. We look forward to your next visit and any comments you might have in the interim which would help us build a stronger program.

Sincerely,

A handwritten signature in cursive script, appearing to read "George Horn".

George Horn
Hazardous Waste Coordinator
Owens-Illinois, Inc.
Constantine, Michigan

#2

CC. DEPER
DARGES
GERRING
DEWINGER
ARNOLD

WAREHOUSE GOALS 1983

1. Better job of counting on orders put up and shipped
 - A. Particular attention to Best Foods orders
 - B. Any orders that include mixed pallets, part pallets, & part boxes
- * 2. Make sure all liquid waste drums delivered have start date
 - A. Make sure all full drums have start and finish dates
 - B. Make sure analysis agrees with label & color code
- * 3. Discourage congregating in Warehouse office
 - A. Keep door shut
 - B. Phone is off limits to all but drivers calling collect
 - C. If people come in and start talking, you leave !
4. Do first rate job on all Inventories
 - A. Learn to do all inventories including In-Process
 - B. Inventories are one of our biggest responsibilities

9/15/83

WAREHOUSE - NOTE THESE GOALS WE SET FOR
THIS YEAR AGAIN. WE ARE DEFINITELY HAVING
TROUBLE WITH #2 AND SOMETIMES #3.

George

NATURAL RESOURCES COMMISSION

THOMAS J. ANDERSON
E. R. CAROLLO
JACOB A. HOEFER
STEPHEN F. MONSMA
HILARY F. SNELL
PAUL H. WENDLER
HARRY H. WHITELEY

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

DEPARTMENT OF NATURAL RESOURCES

District 12 Headquarters
P. O. Box 355
Plainwell, MI 49080

September 9, 1983

Mr. George Horn
Owens - Illinois Inc.
P. O. Box 218
Constantine, MI 49042

MID 057 389 595

Dear Mr. Horn:

On August 25, 1983, staff of the Department of Natural Resources conducted an investigation of your facility to evaluate compliance with the Federal Resource Conservation and Recovery Act (RCRA) and Michigan's Hazardous Waste Management Act (P.A. 64, 1979). This letter is to inform you of the results of that investigation.

Specifically, it has been determined that you are in violation of the following requirements:

1. An exception report was not submitted to the EPA Regional Administrator as required by 40 CFR 262.42.
2. Each container was not marked with the date of accumulation as required by 40 CFR 262.34.
3. The hazardous waste storage tank was not labeled or marked with the words "Hazardous Wastes" as required by 40 CFR 262.34.
4. Personnel training records did not include all of the information required by 40 CFR 265.16.
5. The contingency plan did not include all of the information required by 40 CFR 265.51 through 265.56.

Furthermore, as we discussed, all full drums of hazardous waste should be properly labeled, dated, and placed in the diked hazardous waste storage area. Procedures should be developed to insure that this is done.

It is requested that you respond to this letter by October 10, 1983, providing documentation of the actions taken to correct these violations.

Please feel free to contact me at (616) 685-6706 if you have any questions regarding this matter.

Sincerely,

Lynn Spurr

Lynn Spurr, Hazardous Waste Division

LS: mk

cc: EPA

Division file

Dis t file

RCRA Inspection Report

EPA Identification Number: M I D 0 5 7 3 8 9 5 9 5

Installation Name: Owens Illinois, Inc

Location Address: Industrial Park Drive, P.O. Box 218

City: Constantine

State: IL

Date of inspection: 8/25/85

Time of inspection (from) 1:45 (to) 4:30

Person(s) interviewed

Title

Telephone

George Horn

Waste Coordinator

616-685-2535

Anita Hayes

Richard Ayers

"

- Asst. Waste Coord.

Inspector(s)

Agency/Title

Telephone

Lynn Spurr

MNR/Resource Specialist

616-685-6706

Installation Activity (mark only one box)

Inspection Form(s)

☐ Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation

A

☐ Treatment/Storage/Disposal (no generation or Transportation)

A

☐ Generation and Transportation

B, C

☒ Generation only

B

☐ Transportation only

C

cc: EPA
Division

INSPECTION FORM B

Section A: Scope of inspection

Standards for generators of HAZARDOUS WASTE subject to 40 CFR 262.10

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	Yes	No	NI*	Remarks
(1) Does the generator have copies of the manifest available for review? 262.40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>8</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Do the manifest forms examined contain the following information? (If possible, make 262.21 copies of, or record information from, manifests that do not contain the critical elements)				
a. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Name, mailing address, telephone number, and EPA ID number of generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Name and EPA ID number of transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Sturgis Dem + Metal</u>
d. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Continental Waste Systems</u>
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has NOT received a signed copy from the designated facility within 35 days of the date of shipment. <u>1 bag waste</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>1</u>				

Section C - PRE-TRANSPORT REQUIREMENTS
(40 CFR Part 262 Subpart C)

	Yes	No	NI	Remarks
(1) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site) 262.31 and 262.32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) If required, are placards available to transporter? 262.33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>transporter has</i>
** (4) Pre-shipment Accumulation:				
** applies only to GENERATORS that store hazardous waste on-site for 90 days or less without a permit. These items do not apply to generators whose waste is immediately transported off-site.				
a. Is hazardous waste accumulated in containers? If no, skip to b. 262.34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Is each container clearly marked with the date on which the period of accumulation began?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ii. Have more than 90 days elapsed since the dates marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>unknown</i>
iii. Is each container labeled or marked clearly with the words "Hazardous Wastes?"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. Are containers in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. Are containers compatible with waste in them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Are containers managed to prevent leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Are containers stored closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ix. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI	Remarks
x. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	_____	_____	_____	N/A
xi. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	_____	_____	_____	N/A
b. Is hazardous waste accumulated in tanks? If no, skip to c. 262.34 (January 11, 1982 revision)	✓	_____	_____	above ground
i. Is each tank labeled or marked clearly with the words "Hazardous Wastes"? 262.34 (January 1982 revision)	_____	✓	_____	_____
ii. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192	✓	_____	_____	_____
iii. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	_____	_____	_____	N/A
iv. Do continuous feed systems have a waste-feed cutoff?	_____	_____	_____	N/A
v. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193	_____	_____	_____	N/A
vi. Are required daily and weekly inspections done? 265.194	✓	_____	_____	_____
vii. Are reactive and ignitable wastes in tanks protected or rendered non-reactive or nonignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or nonignitable, see treatment requirements.) 265.198	_____	✓	_____	_____
viii. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply.) 265.199	_____	_____	_____	N/A

Yes No NI Remarks

- ix. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(see tables 2-1 through 2-6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

- c. Is hazardous waste accumulated in other than tanks or containers?

_____ ✓ _____

- d. Personnel training. ~~262.34~~ (a) 5

Do personnel training records include: 265.16

- i. Job Titles?
ii. Job Descriptions?
iii. Description of training?
iv. Records of training?
v. Did personnel receive the required training by 5-19-81?
vi. Do new personnel receive required training within six months?
vii. Do personnel training records indicate that personnel have taken part in an annual review of initial training?

_____ ✓ _____
_____ ✓ _____
_____ ✓ _____ *slide program*
_____ ✓ _____
_____ ✓ _____
_____ ✓ _____
_____ ✓ _____

- e. Preparedness and Prevention 265. Subpart C

- i. Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? 265.31

_____ ✓ _____

	Yes	No	NI	Remarks
ii. If required, does this facility have the following equipment: 265.32				
Internal communications or alarm systems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone or 2-way Radios at the scene of operations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>all types extinguish</u>

Indicate the volume of water and/or foam available for fire control:

City water

iii. Testing and Maintenance of Emergency Equipment: 265.33

Has the owner or operator established testing and maintenance procedures for emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is emergency equipment maintained in operable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. Has owner/operator provided immediate access to internal alarms (if needed)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
v. Is there adequate aisle space for unobstructed movement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Has the owner or operator attempted to make arrangements with local authorities in case of an emergency at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>spill called</u> <u>DNIR</u>

f. Contingency Plan and Emergency Procedures 265 Subpart D

Does the contingency plan contain the following information:

i. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.) 265.52	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	Yes	No	NI	Remarks
ii. Arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>according to George</u>
iii. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>have coordinators home number,</u>
iv. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
v. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vi. Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Is the facility emergency coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
viii. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ix. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
x. If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.56?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LIQUID WASTE PROCEDURES AT CONSTANTINE

1. Handling empty drums generated in plant

- A. Must have less than 1" residue in bottom
- B. Have bungs, rings, etc. in place (watertight!)
- *C. Obliterate all identification before putting outside
- D. Separate deposit and non-deposit drums

2. Preparing empty drums for hazardous waste

- A. All drums are prepared in whse - color coded, stenciled, labeled
- B. Only the warehouse should deliver empty drums for waste
 - 1. Empty drums only delivered to replace a full one of same type
 - *2. Start date put on label when drum is delivered
 - *3. When drum is delivered the dept. name will be shown on corner of label
 - 4. All labels should face front and be visible at all times

3. Filling of drums with liquid waste

- A. Drums are clearly labeled for type of waste they should contain and only that type should be put into the drum
- B. They should be filled carefully using a funnel where appropriate and have no material on top of drum
- C. Lids or bungs should be kept with drums-they won't be accepted back into the whse without them
- D. If you have a mixture of two or more materials general rule is to put it in the drum which contains the most hazardous material of the mixture. If not sure see your supervisor.
- E. When drum is full tighten bungs or lid and request a replacement from the warehouse.

4. Moving full drums from fill stations

- A. Full drums will be removed only by warehouse personnel
- B. Any full drum brought to warehouse and left will be returned to originating dept.
- C. Any drum not properly identified will not be picked up nor will a replacement be furnished until it is correct.
- D. Full drums will be staged in warehouse to await analysis by lab

5. Analyzing liquid waste

- *A. When a full drum is brought to the warehouse it will be numbered and logged on a sheet provided in the office.
- *B. The lab will be notified and the date and person contacted noted in the log (mention drum number)
- *C. The lab will sample the drum within 24 hours and provide an analysis slip within 48 hours of being notified.
- *D. The date of sampling and receipt of analysis slip will be noted in the whse- logbook.
- E. First copy of the analysis to Anita Hayes, second copy to the warehouse and lab retains 3rd copy.

6. Storing of waste awaiting ^{TRANSPORT} transport within 90 days

- A. After analysis drums will be stored in the appropriate area awaiting shipment

- B. Litho solvent type waste will be transferred to the bulk tank for pumping with the dept. head's approval.
- C. "Hazardous" waste such as TriChlor and litho inks will be put into the area in the garage enclosed with a containment wall.
- D. Non-hazardous type waste such as plastisol, oil and degreaser is stored next to the warehouse ramp.
- E. All waste shipping in 55 gal drums will be stored in D. O. T. approved drums and shipped in them as well.
- F. Degreaser, which is pumped into a tank truck, may be stored in clean, tight, non-D. O. T. drums.
- *G. All storage and collection areas will be checked daily for any evidence of leaking or any other problems.
- H. Any waste such as degreaser, which might freeze, will be stored in the garage in the winter.

7. Spills or leaking drums

- A. Spills or leaks should be reported immediately to your supervisor
- B. Spill priorities should be as follows:
 1. Assess danger to human life
 2. contain spill to avoid entering storm drains or ground water
 3. Use appropriate material to clean up spill
- C. In case of any spills the people to call are

	<u>Individual</u>	<u>Plant Extension</u>	<u>Home Phone</u>	<u>Title</u>
* {	George Horn	238	651-9463	Waste Coordinator
	Anita Hayes	235	435-7750	Asst. Waste Coordinator
	Dave Preston	219	435-7168	Maint. Supv.
	Wes Miller	219	435-7033	Chief Emergency Brigade

8. General comments

- A. To ask questions when you're not sure is a sign of intelligence
- B. Improper handling of hazardous waste is subject to discipline
- C. Deliberate mishandling is cause for termination
- D. If told to do something you consider improper with hazardous waste, feel free to contact me with the problem.
- E. Any new type of waste that we generate must be handled as follows:
 1. Generating dept. will furnish a 1 quart sample for analysis
 2. Waste will be collected in D. O. T. approved drums
 3. As soon as analysis is returned drums will be appropriately labeled and full drums removed from dept.
 4. The warehouse will keep empty drums on hand properly coded, labeled, and stenciled to cover our needs.
- F. Present types of waste generated are as follows:

<u>Waste</u>	<u>Color Code</u>	<u>Classification</u>
Plastisol	Orange	Non-Hazardous
DeGreaser	Orange	Non-Hazardous
Trichlor	Red	Hazardous
Ink & Paper	Red	Hazardous
Ink & Water	Red	Hazardous
Litho Solvent	Red (Bulk Tank)	Hazardous
Oil	Blue	Non-Hazardous
Rogersol	Red	Hazardous
Glycol, Soap & Water	Green	Non-Hazardous

- G. As you can see all " Hazardous" Waste is color coded red and any new waste we generate will be added to this list as necessary.
- H. Be assured we take liquid waste very seriously. We feel that our procedures are good. So our only concern is to see they are properly implemented.

G. E. Horn

Section D: RECORDKEEPING AND REPORTING (Part 262, Subpart D)

Yes No NI Remarks

- (1) Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40

☒ ☐ ☐ ☐

Section E: INTERNATIONAL SHIPMENTS (Part 262 Subpart E)
262.50

- (1) Has the installation imported or exported hazardous waste? If "no", skip a and b.

☐ ☒ ☐ ☐

a. Exporting Hazardous Waste, has a generator:

- i. Notified the Administrator in writing?
ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?
iii. Met the Manifest requirements?

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

b. Importing Hazardous Waste, has the generator met the manifest requirements?

☐ ☐ ☐ ☐

Remarks:

1 drums w/ oil dreg - coating

4 drums ethylene glycol + soap w/ fcos no date

Dr. old "107 B1 size"

have secondary containment

-2' - 8' - 20'

tho area - full drum, analyzed, goes to tank

-tank -- no exit, only locked exit

to move used in ink shop

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

MID057389595

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

OWENS-ILLINOIS INC
PO BOX 218
CONSTANTINE, MI 49042

III. LOCATION OF INSTALLATION

INDUSTRIAL DR
CONSTANTINE, MI 49042

000023 AUG

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

5	15	16	INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
5	15	16	MID057389595	A	800821

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MID057389595

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

D. - FOR OFFICIAL USE ONLY													T/A	C
W	M	I	D	O	S	7	3	8	9	5	9	5	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 F 0 0 3 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 3 1 23 - 26	32 U 2 2 0 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 U 2 2 6 23 - 26	38 U 2 3 9 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 U 1 5 9 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

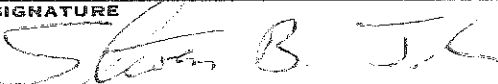
☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Steven B. Juk, Engineering Supervisor	DATE SIGNED August 6, 1980
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ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• MID057389595 REACKNOWLEDGEMENT

INSTALLATION ADDRESS

OWENS-ILLINOIS INC
PO BOX 218
CONSTANTINE

MI 49042

INDUSTRIAL DR
CONSTANTINE

MI 49042